

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049927

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12951

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 9 1964

VS 300

Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 3376 Fee Fee Road	
3. NAME OF DECEASED (Type or print) First Middle Last Donald E. Schmidt		4. DATE OF DEATH Month Day Year December 28 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/18/1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13a. FATHER'S NAME Donald Schmidt		13b. MOTHER'S MAIDEN NAME Dorothy A. Eveker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Donald Schmidt	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Acute lymphatic leukemia DUE TO (c) 204.3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour s.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 12-20-63 to 12-28-63 and last saw him alive on 12-27-63 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 1453 N.E. Tarrant	
22a. SIGNATURE R. G. Smith M.D.		22c. DATE SIGNED 12-28-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30, 1963	
24. FUNERAL DIRECTOR Ortmann Funeral Home		25. DATE RECD. BY LOCAL REG. DEC 30 1963	
26. REGISTRAR'S SIGNATURE R. G. Smith M.D.		27. LOCATION (City, town, or county) St. Louis Missouri	

5705-518

5705 Enw

EMBAL. CERT.

ms Thomas
5705 Enw

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Al C. Outmann

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.